

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/22/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155251		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2011	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 2901 WEST 37TH AVENUE HOBART, IN46342			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaints IN00090190, IN00090198, and IN00090646.</p> <p>Complaint IN00090190- Substantiated no deficiencies related to the allegations are cited.</p> <p>Complaint IN00090198- Substantiated no deficiencies related to the allegations are cited.</p> <p>Complaint IN00090646- Substantiated, Federal/State deficiency related to the allegations is cited at F281.</p> <p>Survey dates: June 2 and 3, 2011</p> <p>Facility number: 000154 Provider number: 155251 AIM number: 100289680</p> <p>Survey team: Janelyn Kulik, RN, TC Heather Tuttle, RN</p> <p>Census bed type: SNF: 8 SNF/NF: 70 Total: 78</p> <p>Census payor type:</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0281 SS=A	<p>Medicare: 13 Medicaid: 55 Other: 10 Total: 78</p> <p>Sample: 7</p> <p>Miller's Merry Manor was found to be in substantial compliance with 42 CFR Part 483, Subpart B in regards to the Investigation of Complaints IN00090190, IN00090198, and IN00090646.</p> <p>This deficiency also reflects State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on June 7, 2011 by Bev Faulkner, RN</p> <p>The services provided or arranged by the facility must meet professional standards of quality. Based on record review and interview, the facility failed to ensure professional standards of quality were met related to Certified Nursing Assistant (CNA) being trained and changing colostomy bags for residents. This deficient practice had the potential to affect one resident in the facility with a colostomy. (CNA #1 and CNA #2)</p>			F0281	<p>On 6/3/2011 following the surveyors exit, the DON made walking rounds on each unit and met with charge nurses to review the importance of monitoring the care delivered by the nursing assistants assigned to unit and ensuring that nursing assistants are not asked to complete tasks that are not within their scope of practice. Charge nurses were advised that</p>		06/07/2011

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	<p>Findings include:</p> <p>Confidential interview with CNA #1 on 6/2/11, indicated she had changed a resident's colostomy bag. She indicated she had not changed resident's colostomy bag frequently, "one in a blue moon" but she had changed the colostomy bag.</p> <p>Confidential interview with CNA #2 on 6/3/11, indicated she had never cared for a resident with a colostomy bag, but her care would include changing and emptying the bag. She further indicated she had been trained in changing colostomy bags. She then indicated she would not change the colostomy bag because she was not allowed to change the bag.</p> <p>The employee files for CNA #1 and CNA #2 were reviewed on 6/3/11 at 1:15 p.m. The files indicated CNA #1 and CNA #2 were Certified Nursing Assistants and were not QMAs (Qualified Medication Aides).</p> <p>The Indiana State Department of Health Division of Long Term Care Nurse Aide Training Program, July 1998, "Core Curriculum, a product of the Indiana State Department of Health in Conjunction with Professional Resources," indicated the</p>				<p>colostomy care is to be provided by licensed nursing staff and shall not be provided by nursing assistants. Residents with a colostomy are at risk to be affected by the deficient practice. On 6/7/2011 an all nursing in-service was held to review the facility policy for colostomy care, importance of working within the scope of practice, and to ensure that professional standards of quality are met. The Nurse Aide Training Program- Standard 14- Nurse Aide Scope of Practice was reviewed with all nursing staff and that nursing assistants should only perform tasks outlined in the course standards and/or identified resident care procedures of the "Nurse Aide Training Program". It is the policy of Miller's Merry Manor, Hobart that nurse aides will not perform any invasive procedures, will not administer medications, will not perform treatments, or apply or remove any dressing including colostomy bags. Charge nurses will be responsible to make routine walking rounds on assigned units to ensure nursing assistants only deliver care tasks within scope of practice and that nursing assistants are not asked to perform any type of invasive procedure, medication administration, treatment, or dressing change including colostomy bag changes. The</p>		

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	<p>Administrative Standards for the Indiana State Department of Health Nursing Aide and Training Program included, but was not limited to, Standard 14-Nurse Aide Scope of Practice: "The nurse aide will perform only the tasks in the course standards and Resident Care Procedures manual.</p> <p>The nurse aide will not perform any invasive procedures, including enemas and rectal temperatures, checking for and/or removing fecal impaction, instillation of any fluids, through any tubing, administering vaginal or rectal installations.</p> <p>The nurse aide will not administer any medications, perform treatments, or apply or remove any dressing."</p> <p>Interview with the Administrator and Director of Nursing (DoN) on 6/3/11 at 1:30 p.m., indicated to their knowledge CNAs had not been trained to change colostomy bags for residents and had not changed the bags. They were not sure why staff would say they had been trained and had changed the colostomy bags. It was indicated by the DoN that there had been a previous issue where a CNA had changed a dressing. She further indicated the correction had been one on one counseling and not a staff inservice.</p> <p>This federal tag relates to complaint</p>				<p>DON or other designee will be responsible to complete the QA tool titled, "Maintaining Nurse Aide Scope of Practice" on 10% of resident census weekly for four weeks, then monthly for three months and then quarterly. Any identified problems will be immediately corrected and documented on facility QA tracking log. QA tracking logs are reviewed during monthly QA meeting to monitor ongoing compliance.</p>		

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	IN00090646. 3.1-35(g)(1)						